

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:	Yoshitaka Masutani	:	
		:	
		:	Group No.: 3768
Serial No.:	10/626,320	:	
		:	
		:	Examiner: Rozanski, Michael T.
Filed:	July 24, 2003	:	
		:	
For:	METHODS AND APPARATUS FOR RECONSTRUCTION IN HELICAL CONE BEAM VOLUMETRIC CT	:	

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

TRANSMITTAL

1. Transmitted herewith is:
Request for Reconsideration to Office Action dated October 31, 2007 (8 pages)
Amendment Transmittal (3 pages)

STATUS

2. Applicant
☐ claims small entity status.
☒ is other than a small entity.

EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply.

(complete (a) or (b), as applicable)

- (a) _____ Applicant petitions for an extension of time under 37 C.F.R. 1.136
(Fees: 37 C.F.R. 1.17(a)-(d) for the total number of months checked below:)

Extension for response within:	Other than small entity Fee	Small entity Fee (if applicable)
_____ first month	\$ 120.00	\$ 60.00
_____ second month	\$ 460.00	\$ 230.00
_____ third month	\$ 1,050.00	\$ 525.00
_____ fourth month	\$ 1,640.00	\$ 820.00
_____ fifth month	\$ 2,230.00	\$1,115.00

Fee: \$ _____

If an additional extension of time is required, please consider this a petition therefor.

(Check and complete the next item, if applicable)

_____ An extension of _____ months has already been secured. The fee paid
therefore \$ _____ is deducted from the total fee due for the total months
of extension now requested.

Extension fee due with this request \$ _____

OR

- (b) X Applicant believes that no extension of term is required. However, this
conditional petition is being made to provide for the possibility that
applicant has inadvertently overlooked the need for a petition for extension
of time.

FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT	(Col. 2) HIGHEST NO. PREVIOUSLY PAID FOR	(Col. 3) PRESENT EXTRA	SMALL ENTITY ADDITIONAL RATE FEE	OR	OTHER THAN SMALL ENTITY ADDITIONAL RATE FEE
	MINUS		=	x \$25.00 = \$		x \$50.00 = \$
TOTAL INDEP.	MINUS		=	x \$105.00 = \$		x \$210.00 = \$
FIRST PRESENTATION OF MULTIPLE DEP. CLAIM				+ \$185.00 = \$		+ \$370.00 = \$
				TOTAL ADDITIONAL FEE \$	OR	TOTAL ADDITIONAL FEE \$

- (a) ☐ No additional fee for Claims is required

OR

- (b) ☐ Total additional fee for claims required \$ _____

FEE PAYMENT

5. Attached is a check in the sum of \$ _____
- ☐ Charge Deposit Account No. 01-2384 the sum of \$ _____.
A duplicate of this transmittal is attached.

FEE DEFICIENCY

6. ☒ If any additional extension and/or fee is required, charge Deposit Account No. 01-2384.

AND/OR

- ☒ If any additional fee for claims is required, charge Deposit Account No. 01-2384.
7. ☐ Other:



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